Creating Calm and Avoiding Violence

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Aggression Management Plan

Incidents involving physical aggression contributed to increased staff and client injuries. A majority of these injuries occurred in Maximum Security Forensic Building 39 acute care wards. Nine forensic clients caused all the serious staff injuries from January to April 2000. In response, the aggression management plan was developed.

General Model of Intervention

- Individual Interventions – Aggression Management Plans based on a Functional Assessment and early emergency intervention
- Environmental Interventions – Positive Reinforcement of Positive Client Behaviors and Increased Ward Activities
- Critical Incident Stress Management
- Nursing Staff use of Protective Devices
- Personality Disorder Training
- Homogeneity of Wards

Individual Interventions

- Treatment Teams will identify clients who engage in aggressive behavior that results in serious injury to self, peer, or staff

- Accuracy of DSM-IV diagnoses will be assessed

- Rational for pharmacology evaluated

- Functional Assessment will be completed to determine "chain of behavior" and antecedents leading to aggression

- Aggression Management Plan developed

Aggression Management Plan

- Emergency intervention is implemented for protection and safety reasons only

- Seclusion or time out is offered the client prior to implementation of restraints

- Response Team is called initially, with Security Management Team called if the client reaches the crisis stage

Aggression Management Plan

Stage	Behavior	Action
A (anxiety)	Attention seeking, anxious, restless and open to being helped	1:1 supportive time. Identify problem, look at options/problem solve, refer to professional staff
B (bold, belligerent)	Escalates, loud, irrational or angry, posturing for violence, pacing, yelling, threatening, refusing redirection, throwing things, profane, intrusive	Call Response Team. Team leader to give client a choice between two options (i.e., time out or seclusion).
C (crisis)	Violent toward self or others. Property Destruction.	Call Security Management Team for restraint process.

Environmental Interventions

Positive Reinforcement of Prosocial Client Behaviors

Cards are provided staff who are to award the cards when the client is exhibiting positive behaviors (e.g., positive peer interaction, positive staff interaction, self-directed behavior). This system promotes positive interactions between staff and clients and encourages clients with problem behaviors to engage in positive behaviors. The cards are traded in for reinforcers.

Increased Ward Activities

Movies, games, cassette tapes, and books are provided from 4:00 until 9:00. Check out system used.

Critical Incident Stress Management

- Interdisciplinary Team (nursing, psychology, psychiatry, administration, social work, administrative support staff)

- Professionally trained and certified (Mitchell and Everly training)

- Available within 24 hours of a serious event for debriefing, emotional support, symptom recognition, and stress management techniques

- Follow-up services provided

Forensic Roving Security Management Team

- Security Management Team in protective gear
- Responsible for initiating all physical interventions at the request of the RN ward charge nurse/attending physician
- Only use approved physical interventions
- Only intervene at "Crisis" stage

Ward Homogeneity

Acute Care Wards:

- **Coed clients (females largely diagnosed with Borderline Personality Disorder and males chronic schizophrenia)**
- **Male admissions**
- **Aggressive males (tend to be psychopathic)**

Long Term Care Wards:

- Chronically mentally ill males – higher functioning
- Chronically mentally ill males – lower functioning
- Coed chronically mentally ill
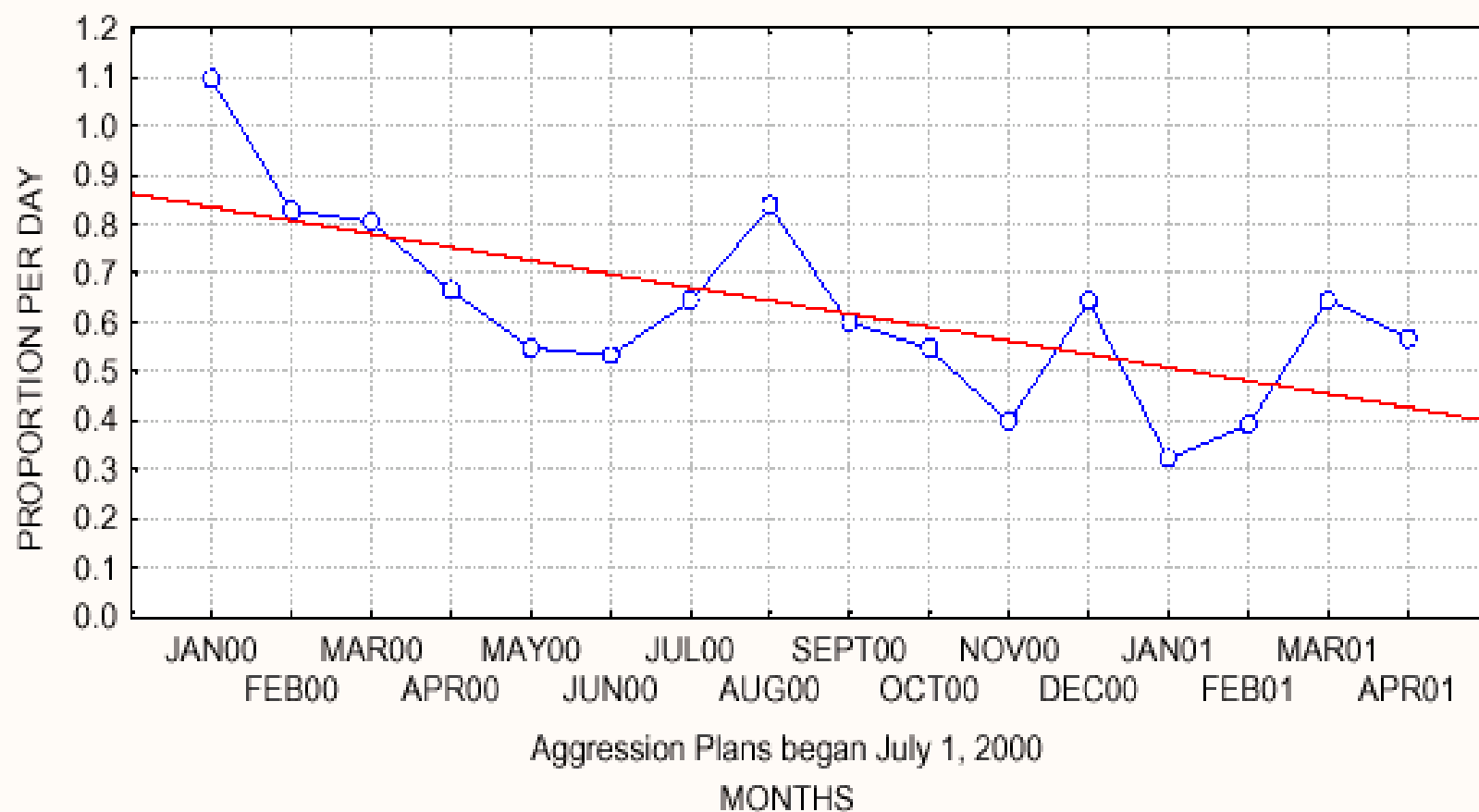
Aggression Management Plan Effectiveness

- Trend of Behavioral-Psychiatric Incidents in the Proportion of Average Monthly Census

- Individual Aggression Management Plan

Individual Aggression Management Plan

- P.H. is a 24-year-old African-American female admitted to the Maximum Security Forensic Program on 7/25/97 on NGRI status
- NGRI offense was malicious wounding/maiming and assault and battery of ESH staff
- Hospitalization began at age 12
- Diagnosis of Borderline Personality Disorder and Post Traumatic Stress Disorder
- Medication – Buspar 60 mg. to decrease anxiety and agitation
- Individual Aggression Management Plan implemented July, 2000
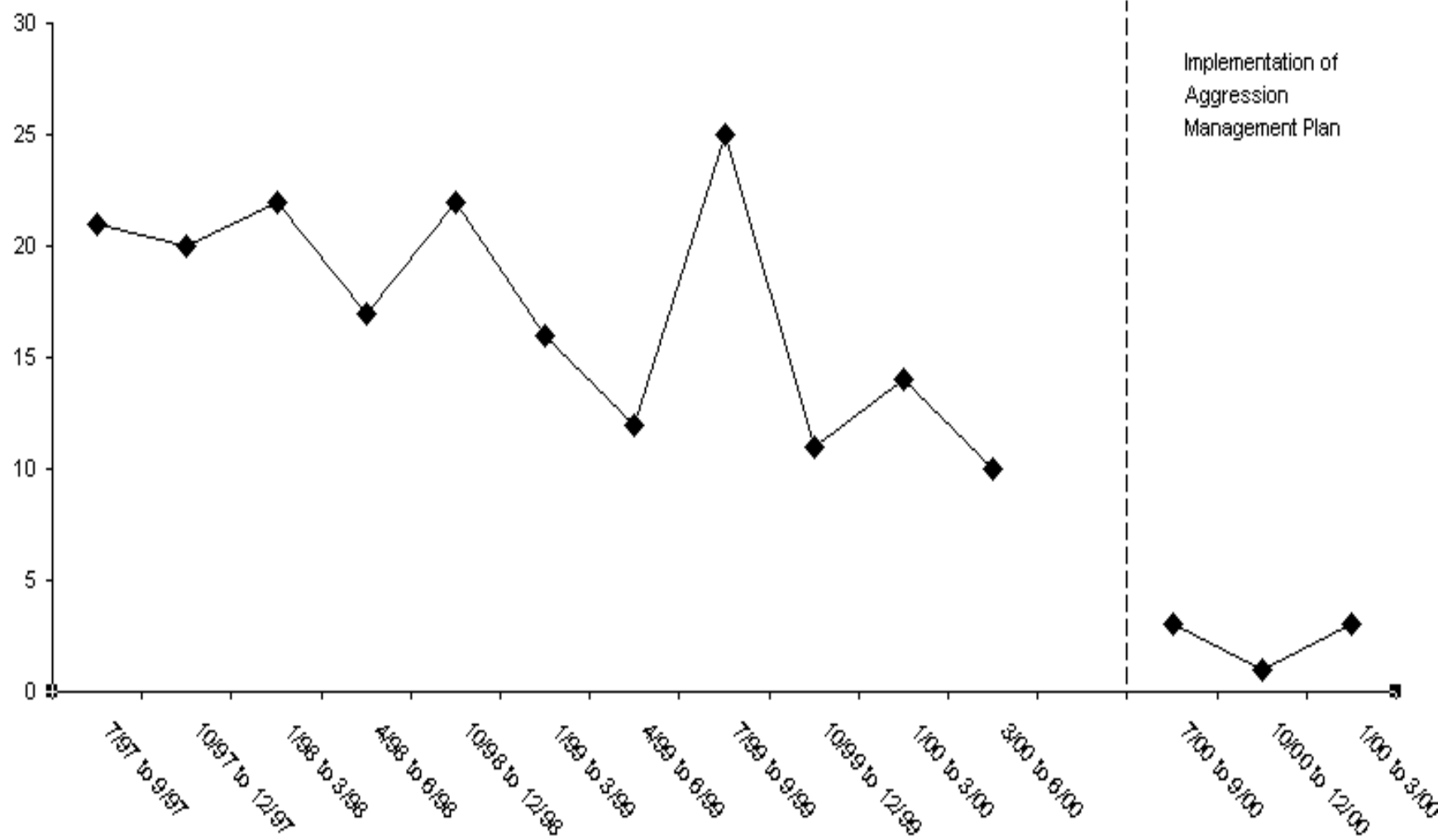
Post Department of Justice

- DOJ indicated they expected project to fail
- Data indicated success of program
- DOJ observed program in action (nursing communication and aggressive event by client with AMP)
- DOJ mandated that program (with the exception of the SMT's) be implemented throughout entire facility

Implementation of Civil Program

- Training provided ALL staff
- Identification of clients with high incidence of physical aggression
- Treatment Team agreement for referral for AMP
- Behavior Support Team completed functional assessment and developed AMP with assistance of treatment team and staff
- Revise Response Team format

Outcome of Civil AMP Program

- Incidents of Patient Attacks decreased when AMP's provided in the individual buildings
- Workman's compensation related to patient attacks decreased
- Individuals with AMP exhibited decreased aggression, although S/R for the individual client initially increased

Number of Patient Attacks

Patient Attacks Resulting in Workers Compensation Claims Pre and Post AMP Implementation
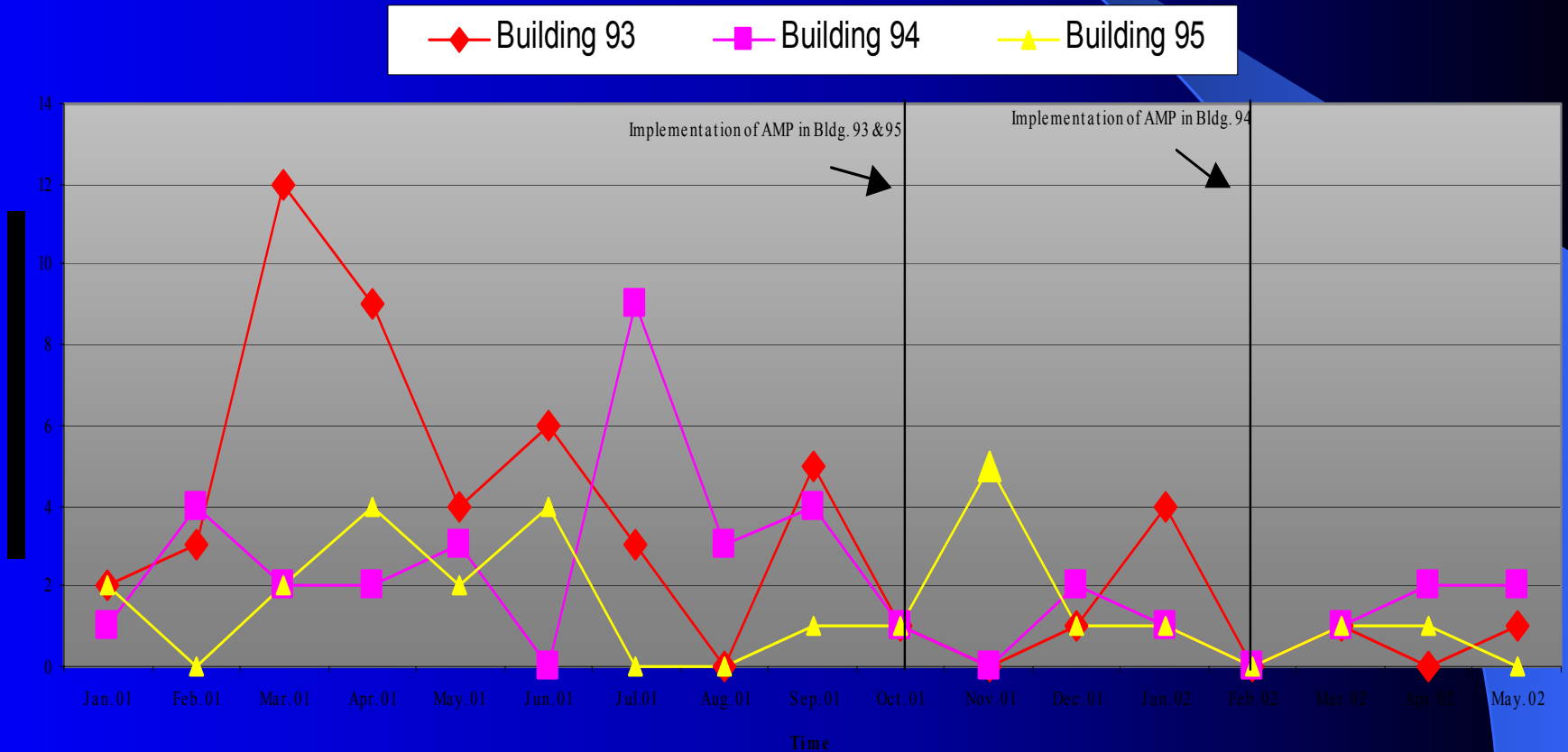
STEP (Structured Treatment Environment Program)

STEP is a token economy system based upon positive reinforcement of functional behaviors. All behaviors are operationally defined. All hospital patients have access to the program. Patients are awarded points for behaviors such as cooperation with ADL's, cooperation with group attendance, and acceptance of medication or medication education. There is an appeals process for patients who feel that they were not awarded points appropriately.

Weighting System

STEP allows for shaping of behaviors in that it has a dual weight system. The weights of the points are determined by the Treatment Team with participation by the patient.

The first weight system involves receiving points for "no participation," "moderate participation" and "full participation."

The second weight system involves determining the points which will be awarded for each reinforced behavior.

Level Drops

Level Drops are earned when the following behaviors are exhibited:

- Physically aggressive
- Verbally threatening
- Destroying or stealing propery
- Harmful to self or others

Spending Points/STEP Activities

Each program has a canteen in which points may be spent to buy items such as clothing, toiletries, cassette tapes, phone cards, and snack foods.

STEP activities are available to all clients who have achieved their levels for 5 or 7 consecutive days. The activities include: dances, yard sales, breakfasts, sports activities, outings to the community, etc.